

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/598812</div>	FILING DATE
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2								
3		2						
4		0						
5		2						
6		0						
7		0						
8		0						
9		0						
10		0						
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12		0						
13		0						
14	1							
15		1						
16		2						
17		1						
18		0						
19		0						
20	1							
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TOTAL IND.	3	↓	3	↓		↓		
TOTAL DEP.	21	←	20	←		←		
TOTAL CLAIMS	24		23					
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								